

# OFFICE OF THE FIRE OFFICIAL

Greenwich Township  
420 Washington Street  
Gibbstown, New Jersey 08027  
856-423-1038 ext 215

William C. Angelini  
Fire Official



## NJ State Type 1 Permit \$54.00

Date: \_\_\_\_\_

### Applicant:

Business Name: \_\_\_\_\_

Food Truck Name (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Request for Fire Safety Permit for Mobile Enclosed Food Truck

Event Location: \_\_\_\_\_

Type of Event: \_\_\_\_\_

The Food Truck will be used on or between (dates): \_\_\_\_\_

And between the hours of \_\_\_\_\_ and \_\_\_\_\_.

The Food Truck will be set up and ready for inspection on Date/Time: \_\_\_\_\_  
\_\_\_\_\_

Name and phone number of contact/ responsible person to be present at the time of the inspection: \_\_\_\_\_

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## Vehicle Information

Vehicle Registration (License #): \_\_\_\_\_ State: \_\_\_\_\_

Is this Vehicle equipped with an exhaust hood:    ☐ Yes        ☐ No

## Cooking Appliances:

☐ Stove    ☐ Griddle    ☐ Oven    ☐ Deep Fryer    ☐ Other \_\_\_\_\_

- Cooking operations that produce grease laden vapors, must be equipped with an exhaust hood and a hood fire suppression system.
- The Fire Suppression System must have a valid inspection tag. Hood fire suppression systems are required to be inspected every 6 months. The Operator must have a copy of the actual fire suppression system inspection report (not just a tag) and submit with application.
- If the truck has a deep fat fryer, the vehicle must be equipped with a "K-type" portable fire extinguisher. Other trucks must have a fire extinguisher compatible with the fire suppression system. All fire extinguishers must have a current service tag,
- Propane cylinders, piping and hoses must be in good condition and free from leaks.

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly appointed person, authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the Fire Code as best as any specific conditions imposed by the Fire Official.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name/ Title

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Permit #: \_\_\_\_\_